



GIC Health Plans

*Benefits Effective  
February 1 - June 30, 2010*

# BENEFITS AT-A-GLANCE

***Employees**  
and Non-Medicare  
Retirees and Survivors*



**Commonwealth of Massachusetts  
Group Insurance Commission**

*Your  
Benefits  
Connection*

## Clinical Performance Improvement (CPI) Initiative

Five years ago, the GIC began the Clinical Performance Improvement (CPI) Initiative *for Employee/Non-Medicare Plans* to improve health care quality while containing costs. The GIC has quantified differences in physician quality and efficiency. The GIC's health plans use this information to develop benefit designs in which members pay lower copays for providers with the highest combined quality and efficiency scores. These plans are designated with the Select & Save logo:

- ★★★ Tier 1 (excellent)
- ★★ Tier 2 (good)
- ★ Tier 3 (standard)

Physicians for whom there is not enough data and non-tiered specialists are assigned a plan's Tier 2 level copay.

### How are physician tiers determined?

*Based on a thorough analysis of physician claims, GIC health plans assign physicians to tiers according to how they score on nationally recognized measures of quality and efficiency.*

Excellent  
Good

### Fallon Community Health Plan Direct Care (HMO)

- Tiering: not applicable – has Selective Network
- PCP required – yes
- Out-of-network benefits – available for emergency or urgent care only

### Fallon Community Health Plan Select Care (HMO)

- Tiering: Fallon Community Health Plan tiers Primary Care Physicians and selected specialists based on combined quality and efficiency standards.
- PCP required – yes
- Out-of-network benefits – available for emergency or urgent care only

### Harvard Pilgrim Independence Plan (PPO)

- Tiering: Harvard Pilgrim Health Care tiers selected specialists based on combined quality and efficiency standards. The plan also tiers hospitals based on quality and cost.
- PCP required – no
- Out-of-network benefits – yes



### Health New England (HMO)

- Tiering: Health New England tiers selected specialists based on combined quality and efficiency standards.
- PCP required – yes; referrals to network specialists not required
- Out-of-network benefits – available for emergency or urgent care only

### Navigator by Tufts Health Plan (PPO)

- Tiering: Tufts Health Plan tiers selected specialists based on combined quality and efficiency standards. The plan also tiers hospitals based on quality and cost.
- PCP required – no
- Out-of-network benefits – yes



### NHP Care – Neighborhood Health Plan (HMO)

- Tiering: Neighborhood Health Plan tiers Primary Care Physicians and selected specialists based on combined quality and efficiency standards.
- PCP required – yes; referrals to network specialists not required
- Out-of-network benefits – available for emergency or urgent care only

### UniCare State Indemnity Plan/Basic (Indemnity Plan)

- Tiering: UniCare tiers Massachusetts physicians based on combined quality and efficiency standards.
- PCP required – no
- Out-of-network benefits – not applicable; the Indemnity Plan is available throughout the U.S. and outside of the country.

### UniCare State Indemnity Plan/Community Choice (PPO-type)

- Tiering: UniCare tiers Massachusetts physicians based on combined quality and efficiency standards. This plan features a limited Massachusetts hospital network, most of which are community hospitals.
- PCP required – no
- Out-of-network benefits – yes



### UniCare State Indemnity Plan/PLUS (PPO-type)

- Tiering: UniCare tiers Massachusetts physicians based on combined quality and efficiency standards. The plan also tiers hospitals (for both inpatient admissions and outpatient surgery) based on quality and cost.
- PCP required – no
- Out-of-network benefits – yes



## Additional Contact Information

### All UniCare State Indemnity Plans

- Prescription Drug Benefits (*Express Scripts*):  
1.877.828.9744;  
www.express-scripts.com
- Mental Health/Substance Abuse and EAP Benefits (*United Behavioral Health*):  
1.888.610.9039;  
www.liveandworkwell.com (access code: 10910)

### Navigator by Tufts Health Plan

- Mental Health/Substance Abuse and EAP Benefits (*United Behavioral Health*):  
1.888.610.9039;  
www.liveandworkwell.com (access code: 10910)

## Calendar Year Deductible

The deductible is a fixed dollar amount you must pay each calendar year before your health plan begins paying benefits for you or your covered dependent(s).

The lists below summarize expenses that generally *are* or *are not* subject to the annual deductible. These are not exhaustive lists. You should check with your health plan for details. Also, as with all benefits, ***variations in these guidelines below may occur depending upon individual patient circumstances and a plan's schedule of benefits.***

### Expenses Generally Exempt from the Deductible:

- Prescription drug benefits
- Mental health/substance abuse benefits
- Office visits (primary care physician, specialist, retail clinics, preventive care, maternity and well baby care, routine eye exam, occupational therapy, physical therapy, chiropractic care and speech therapy)
- Medically necessary child and adult immunizations
- Wigs (medically necessary)
- Hearing Aids
- Mammograms
- Pap smears
- EKGs
- Colonoscopies

### Expenses Generally Subject to the Deductible



- Emergency room visits
- Inpatient hospitalization
- Surgery
- Laboratory and blood tests
- Bone density screenings
- X-rays and radiology (including high-tech imaging such as MRI, PET and CT scans)
- Durable medical equipment

**See additional information on back.**

This chart is a comparative overview of GIC plan benefits. See the c Benefits described below for the Harvard Pilgrim Independence Plan exception of emergency care, there are no out-of-network benefits

HEALTH PLAN	FALLON COMMUNITY HEALTH PLAN DIRECT CARE
PLAN TYPE	HMO
TELEPHONE NUMBER	1.866.344.4442
WEBSITE	www.fchp.org
Calendar Year Deductible	
Individual	\$250
Two person family	\$500
Three or more person family	\$750
Primary Care Physician Office Visit – Sick Visit ( <i>Some plans offer lower copays for wellness visits; contact the plan for details.</i> ) ★★★ Tier 1 (excellent) ★★ Tier 2 (good) ★ Tier 3 (standard)	100% after \$15 per visit no tiering no tiering
Specialist Physician Office Visit ★★★ Tier 1 (excellent) ★★ Tier 2 (good) ★ Tier 3 (standard)	100% after \$25 per visit no tiering no tiering
Retail Clinic	100% after \$15 per visit
Emergency Room Care	100% after \$100 per visit (waived if admitted)
Inpatient Hospital Care – Medical Tier 1 Tier 2 Tier 3	100% after \$200 per admission no tiering
Outpatient Surgery	100% after \$110 per occurrence
High-Tech Imaging (e.g., MRI, CT and PET scans)	100% after \$100 per scan
Prescription Drug Copays Retail: up to a 30-day supply Tier 1 Tier 2 Tier 3	\$10 \$25 \$50
Mail Order: Maintenance drugs up to a 90-day supply Tier 1 Tier 2 Tier 3	\$20 \$50 \$110
Outpatient Mental Health and Substance Abuse Care	100% after \$15 per visit

corresponding overview information for each plan for more information on Select & Save tiers. The UniCare State Indemnity Plan/Basic is available through Navigator by Tufts Health Plan, UniCare State Indemnity Plan/Community Choice and PLUS are in-network benefits. These plans also offer out-of-network benefits for the GIC HMOs – Fallon, Health New England, and Neighborhood Health Plan. For providers, benefit details, exclusions, and limitations, see the provider manual.

FALLON COMMUNITY HEALTH PLAN SELECT CARE	HARVARD PILGRIM INDEPENDENCE PLAN	HEALTH NEW ENGLAND	NAVIGATOR BY TUFTS HEALTH PLAN	
				
<b>HMO</b>	<b>PPO</b>	<b>HMO</b>	<b>PPO</b>	
<b>1.866.344.4442</b>	<b>1.800.542.1499</b>	<b>1.800.842.4464</b>	<b>1.800.870.9488</b>	
<b><a href="http://www.fchp.org">www.fchp.org</a></b>	<b><a href="http://www.harvardpilgrim.org/gic">www.harvardpilgrim.org/gic</a></b>	<b><a href="http://www.hne.com">www.hne.com</a></b>	<b><a href="http://www.tuftshealthplan.com/gic">www.tuftshealthplan.com/gic</a></b>	
\$250 \$500 \$750	\$250 \$500 \$750	\$250 \$500 \$750	\$250 \$500 \$750	
100% after \$15 per visit 100% after \$20 per visit 100% after \$30 per visit	100% after \$20 per visit no tiering no tiering	100% after \$20 per visit no tiering no tiering	100% after \$20 per visit no tiering no tiering	
100% after \$25 per visit 100% after \$35 per visit 100% after \$45 per visit	100% after \$20 per visit 100% after \$35 per visit 100% after \$45 per visit	100% after \$25 per visit 100% after \$35 per visit 100% after \$45 per visit	100% after \$25 per visit 100% after \$35 per visit 100% after \$45 per visit	
100% after \$20 per visit	100% after \$20 per visit	100% after \$20 per visit	100% after \$20 per visit	
100% after \$100 per visit (waived if admitted)	100% after \$100 per visit (waived if admitted)	100% after \$100 per visit (waived if admitted)	100% after \$100 per visit (waived if admitted)	
100% after \$250 per admission no tiering	100% after \$250 per admission 100% after \$500 per admission 100% after \$750 per admission	100% after \$250 per admission no tiering	100% after \$300 per admission 100% after \$700 per admission no tier 3	100% after \$250 per admission no tiering
<i>Maximum four copays per calendar quarter or per year, depending on plan; copays waived if readmitted within 30 days</i>				
100% after \$125 per occurrence	100% after \$150 per occurrence	100% after \$110 per occurrence	100% after \$150 per occurrence	
<i>Maximum four copays per calendar quarter or per year, depending on plan</i>				
100% after \$100 per scan	100% after \$100 per scan	100% after \$100 per scan	100% after \$100 per scan	<i>Maximum four copays per calendar quarter or per year, depending on plan</i>
\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50	
\$20 \$50 \$110	\$20 \$50 \$110	\$20 \$50 \$110	\$20 \$50 \$110	
100% after \$20 per visit	100% after \$20 per visit	100% after \$20 per visit	100% after \$20 per visit	

able throughout the United States and outside of the country.  
 out-of-network benefits with higher out-of-pocket costs. With the  
 the plan handbook or contact the individual plan.

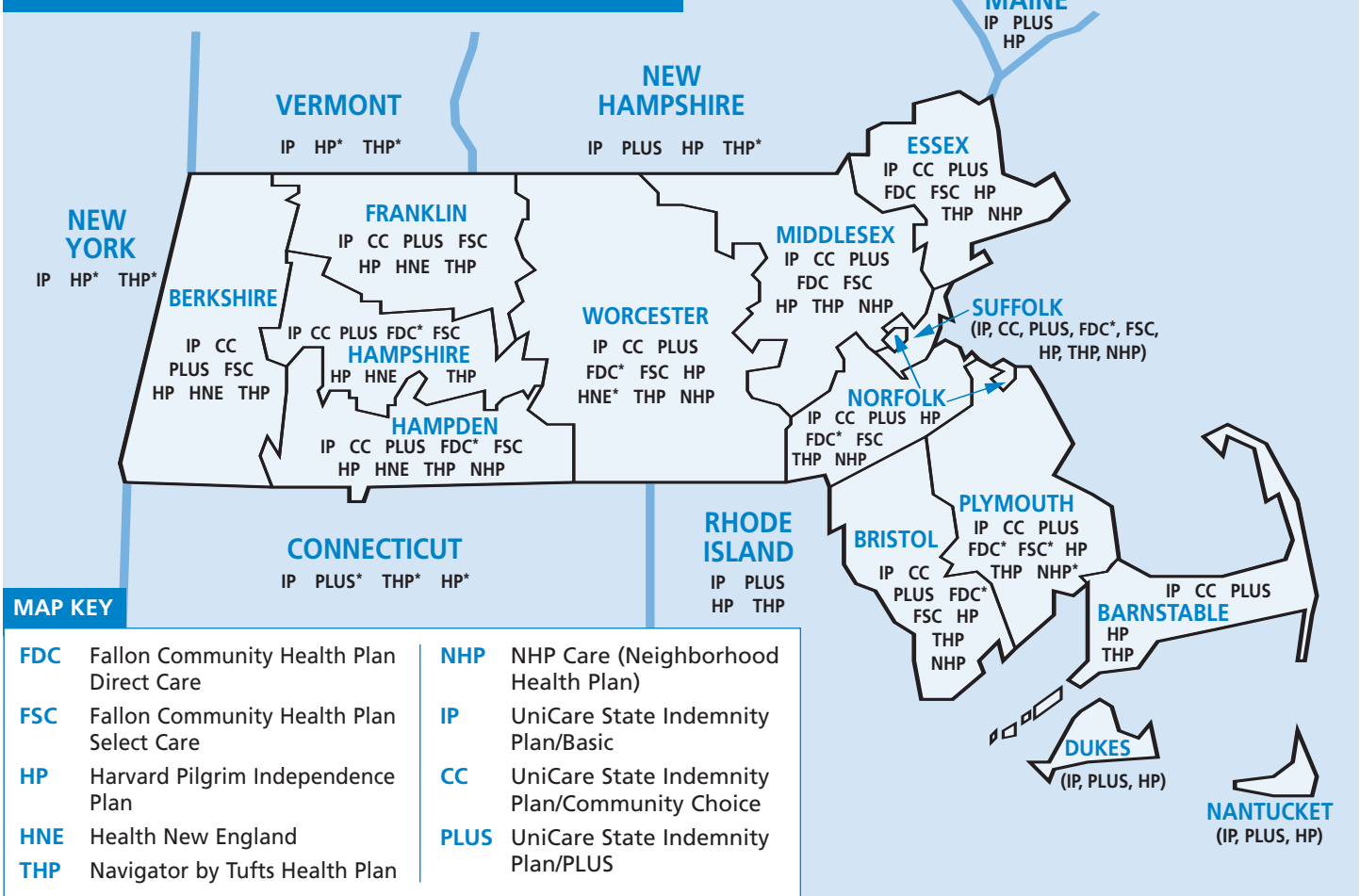


Not available to Elderly Governmental Retirees (EGRs)  
 and GIC RMTs (non-municipal program Retired  
 Municipal Teachers)

NHP CARE (Neighborhood Health Plan)	UNICARE STATE INDEMNITY PLAN/ BASIC with CIC (Comprehensive) <i>Without CIC, deductibles are higher and coverage is only 80% for some services. Contact the plan for details.</i>	UNICARE STATE INDEMNITY PLAN/ COMMUNITY CHOICE	UNICARE STATE INDEMNITY PLAN/PLUS
HMO	INDEMNITY	PPO-TYPE	PPO-TYPE
1.800.462.5449	1.800.442.9300	1.800.442.9300	1.800.442.9300
www.nhp.org	www.unicarestatplan.com	www.unicarestatplan.com	www.unicarestatplan.com
\$250 \$500 \$750	\$250 \$500 \$750	\$250 \$500 \$750	\$250 \$500 \$750
100% after \$15 per visit 100% after \$25 per visit 100% after \$30 per visit	100% after \$15 per visit 100% after \$30 per visit 100% after \$35 per visit	100% after \$15 per visit 100% after \$30 per visit 100% after \$35 per visit	100% after \$15 per visit 100% after \$30 per visit 100% after \$35 per visit
100% after \$25 per visit 100% after \$35 per visit 100% after \$45 per visit	100% after \$20 per visit 100% after \$30 per visit 100% after \$40 per visit	100% after \$25 per visit 100% after \$30 per visit 100% after \$45 per visit	100% after \$25 per visit 100% after \$30 per visit 100% after \$45 per visit
100% after \$20 per visit	100% after \$20 per visit	100% after \$20 per visit	100% after \$20 per visit
100% after \$100 per visit (waived if admitted)	100% after \$100 per visit (waived if admitted)	100% after \$100 per visit (waived if admitted)	100% after \$100 per visit (waived if admitted)
100% after \$250 per admission no tiering	100% after \$200 per admission no tiering	100% after \$250 per admission no tiering (Note: limited hospital network)	100% after \$250 per admission 100% after \$500 per admission 100% after \$750 per admission
within 30 days in the same calendar year. Contact the plan for details.			
100% after \$110 per occurrence	100% after \$110 per occurrence	100% after \$110 per occurrence	Tier 1 and Tier 2: 100% after \$110 per occurrence Tier 3: 100% after \$250 per occurrence
Contact the plan for details			
100% after \$100 per scan	100% after \$100 per scan	100% after \$100 per scan	100% after \$100 per scan
from one copay per day. Contact the plan for details.			
\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50
\$20 \$50 \$110	\$20 \$50 \$110	\$20 \$50 \$110	\$20 \$50 \$110
100% after \$25 per visit	100% after \$20 per visit	100% after \$20 per visit	100% after \$20 per visit

# Health Plan Locations

## Is the Health Plan Available in Your Area?



\* Plans may not be available in every city and town in this county or state. Call the plans for their specific city and town coverage.

## Weigh Your Options Before Choosing a Health Plan

- See the map above to see whether the health plan is available in your area;
- See your **GIC Benefit Decision Guide** for eligibility details, additional benefit information, rates, and factors to consider when choosing a health plan;
- Contact the health plans you are considering to find out:
  - Information on other health plan benefits that are not described in this brochure
  - If your doctors and hospitals are in the network
  - Which copay tiers your doctors and hospitals are in; and
- See the GIC's website for additional information.



The UniCare State Indemnity Plan/Basic is the only Employee/Non-Medicare health plan that is available throughout the United States and outside of the country.



Commonwealth of Massachusetts  
Group Insurance Commission

Your  
Benefits  
Connection

Group Insurance Commission  
P.O. Box 8747  
Boston, MA 02114-8747

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[www.mass.gov/gic](http://www.mass.gov/gic)